

AMENDMENT ATTACHED

STANDARD CERTIFICATE OF BIRTH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registered No. _____

PLACE OF BIRTH:

County

Navajo

State

ARIZONA

Township

or Village

City

No.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

St. _____ Ward.

If child is not yet named, make supplemental report, as directed.

Full name of child

STRATTON

Sex

Fem.

If plural
births

4. Twin, triplet, or other

6. Premature

7. Legiti-

mate?

8. Date of

birth

Sept. 18, 1895

(Month, day, year)

Full name

FATHER
W. E. Stratton

18. Full
maiden
name

MOTHER
Minnie Kartchner

Residence (usual place of abode)

(If nonresident, give place and State)

19. Residence (usual place of abode)

(If nonresident, give place and State)

Color or race

White

12. Age at last birthday

(years)

20. Color or race

White

21. Age at last birthday

(years)

Birthplace (city or place and State or country):

22. Birthplace (city or place and State or country):

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.

16. Date (month and year) last en-
gaged in this work

193

17. Total time (years) spent in this
work

OCCUPATION

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc.

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.

25. Date (month and year) last en-
gaged in this work

26. Total time (years) spent in this
work

193

Number of children of this mother

(At time of this birth and including this child)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

If stillborn,
period of gestation

months
or weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

at _____ m. on the date above stated.

When there was no attending physician
midwife, then the father, householder,
should make this return.

(Signed)

M. D.

or

M. A. Ramsey

Midwife

Name added from
supplemental report

(Date of)

Address

Filed Sept. 28, 1895

Registrar

Registrar

FORM 610M 6-25-33 MS 48640

025-918-427